

**HUNTINGTON'S DISEASE  
SOCIETY OF AMERICA, INC.**

**NATIONAL**

**FORM 990  
COPY FOR PUBLIC INSPECTION**

**YEAR ENDED DECEMBER 31, 2020**

**EISNERAMPER**

## EXTENSION ATTACHED

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20**

<b>B Check if applicable:</b>	<b>C Name of organization</b> HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.			<b>D Employer identification number</b> 13-3349872	
Address change	Doing Business As			<b>E Telephone number</b> (212) 242-1968	
Name change	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite	
Initial return	505 EIGHTH AVENUE, SUITE 902				
Terminated	City or town, state or province, country, and ZIP or foreign postal code				
Amended return	NEW YORK, NY 10018				
Application pending					
<b>F Name and address of principal officer:</b> LOUISE VETTER 505 EIGHTH AVENUE, SUITE 902, NEW YORK, NY 10018					
I Tax-exempt status:	X 501(c)(3)	501(c) ( )	◀ (insert no.)	4947(a)(1) or	527
J Website:	► WWW.HDSA.ORG			H(c) Group exemption number ► 9201	
K Form of organization:	X Corporation	Trust	Association	Other ►	L Year of formation: 1986 M State of legal domicile: NY

**Part I Summary**

- Activities & Governance**
- 1 Briefly describe the organization's mission or most significant activities: HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC. IS A HEALTH AND WELFARE ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF PEOPLE WITH HUNTINGTON'S DISEASE AND THEIR FAMILIES.
  - 2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets.
  - 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 15.
  - 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 15.
  - 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 5 36.
  - 6 Total number of volunteers (estimate if necessary) . . . . . 6 500.
  - 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0.
  - b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 7b 0.

<b>Revenue</b>		Prior Year		Current Year	
		10,888,668.	8,480,494.	0.	0.
8 Contributions and grants (Part VIII, line 1h)				27,426.	24,533.
9 Program service revenue (Part VIII, line 2g)				101,289.	81,919.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				11,017,383.	8,586,946.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2,129,504.	2,612,868.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				0.	0.

<b>Expenses</b>		Prior Year		Current Year	
		3,985,760.	3,964,488.	0.	0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				2,129,504.	2,612,868.
14 Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				3,077,906.	1,654,839.
16a Professional fundraising fees (Part IX, column (A), line 11e)				9,193,170.	8,232,195.
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,084,333.				1,824,213.	354,751.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					
19 Revenue less expenses. Subtract line 18 from line 12					

<b>Net Assets or Fund Balances</b>		Beginning of Current Year		End of Year	
		10,968,665.	12,188,468.	1,616,446.	2,526,092.
20 Total assets (Part X, line 16)				9,352,219.	9,662,376.
21 Total liabilities (Part X, line 26)					
22 Net assets or fund balances. Subtract line 21 from line 20					

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	► Signature of officer LOUISE VETTER Type or print name and title	07/16/2021 Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WILLIAM EPSTEIN Firm's name ► EISNERAMPER LLP Firm's address ► 733 THIRD AVENUE NEW YORK, NY 10017-2703	Preparer's signature CEO Date Check <input type="checkbox"/> if self-employed PTIN P01307171 Firm's EIN ► 13-1639826 Phone no. 212-949-8700

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- File a separate application for each return.  
► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.	Taxpayer identification number (TIN)  13-3349872
	Number, street, and room or suite no. If a P.O. box, see instructions.  505 EIGHTH AVENUE, SUITE 902	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ROSEMARY COLUCCIO

- The books are in the care of ► 505 EIGHTH AVENUE, SUITE 902 NEW YORK NY 10018

Telephone No. ► 212 242-1968

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9201 . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 20 or  
►  tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
     Change in accounting period

- 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.
- b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.
- c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1** Briefly describe the organization's mission:

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC. IS A NATIONAL VOLUNTARY  
HEALTH AND WELFARE ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF  
PEOPLE WITH HUNTINGTON'S DISEASE AND THEIR FAMILIES.

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 2,102,371. including grants of \$ 1,103,059.) (Revenue \$ \_\_\_\_\_)

RESEARCH - SUPPORTS RESEARCH AS ADVISED BY ITS SCIENTIFIC ADVISORY  
BOARD. THE RESEARCH PROJECTS ARE INVOLVED IN FINDING CURES AND  
TREATMENTS FOR HUNTINGTON'S DISEASE.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 2,794,287. including grants of \$ 1,509,809.) (Revenue \$ \_\_\_\_\_)

PATIENT AND FAMILY SERVICES - PROVIDES COUNSELING AND REFERRAL  
SERVICES TO PATIENTS WITH HUNTINGTON'S DISEASE AND THEIR FAMILIES.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 974,649. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

COMMUNITY OUTREACH - PROVIDES WORKSHOPS, SEMINARS, AND SYMPOSIUMS  
ON HUNTINGTON'S DISEASE THROUGH A NETWORK OF CHAPTER AFFILIATES  
AND BRANCHES THROUGHOUT THE UNITED STATES.

**4d** Other program services (Describe on Schedule O.) ATTACHMENT 1

(Expenses \$ 757,658. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ► 6,628,965.

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	X	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions . . . . .	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. . . . .	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .
- |    |    |     |    |
|----|----|-----|----|
| 1a | 69 | Yes | No |
| 1b | 0. |     |    |
| 1c |    |     |    |
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b>	36
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
<b>If "Yes," see instructions and file Form 4720, Schedule N.</b>		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. . . . .	<b>16</b>	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	15
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	15
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .	<b>9</b>	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	X
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	X

### Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► ROSEMARY COLUCCIO 505 EIGHTH AVENUE, SUITE 902 NEW YORK, NY 10018 212-242-1968

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUISE VETTER CHIEF EXECUTIVE OFFICER	35.00 3.00			X				274,376.	0.	56,267.
(2) GEORGE YOHLING SR. DIR. MISSION & SCI AFFAIRS	35.00 3.00				X			233,994.	0.	13,117.
(3) ROSEMARY COLUCCIO CHIEF OPERATING OFFICER	35.00 3.00			X				220,662.	0.	22,220.
(4) CHRISTOPHER COSENTINO DIRECTOR OF MARKETING & COMM.	35.00 3.00				X			126,438.	0.	48,872.
(5) DEBRA LOVECKY DIR OF PROGRAM SERV & ADVOCACY	35.00 3.00				X			151,476.	0.	23,518.
(6) NANCY RHODES DIRECTOR OF FIELD DEV & OPER.	35.00 3.00				X			151,999.	0.	4,079.
(7) JAMISON SKALA DIRECTOR, NATIONAL DEVELOPMENT	35.00 3.00				X			127,511.	0.	9,760.
(8) ARIK JOHNSON, PSYD PAST CHAIR	6.00 3.00	X	X					0.	0.	0.
(9) KAMRAN ALAM TREASURER	6.00 3.00	X	X					0.	0.	0.
(10) VICTOR SUNG, MD CHAIR-ELECT	6.00 3.00	X	X					0.	0.	0.
(11) EJ GARNER CHAIR	6.00 3.00	X	X					0.	0.	0.
(12) JENNE COLER-DARK SECRETARY	6.00 3.00	X	X					0.	0.	0.
(13) JAY HUGHES TRUSTEE	6.00 3.00	X						0.	0.	0.
(14) DANIEL BRENNAN TRUSTEE	6.00 3.00	X						0.	0.	0.

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) STACY COEN TRUSTEE	6.00 3.00	X						0.	0.	0.
( 16 ) DANIEL VANDIVORT TRUSTEE	6.00 3.00	X						0.	0.	0.
( 17 ) TERESA SRAJER TRUSTEE	6.00 3.00	X						0.	0.	0.
( 18 ) WENDY ERLER TRUSTEE	6.00 3.00	X						0.	0.	0.
( 19 ) JONATHAN KLEIN TRUSTEE	6.00 3.00	X						0.	0.	0.
( 20 ) LESLIE M THOMPSON, PHD TRUSTEE	6.00 3.00	X						0.	0.	0.
( 21 ) DONALD HIGGINS, MD TRUSTEE	6.00 3.00	X						0.	0.	0.
( 22 ) VICKY WHEELOCK, MD TRUSTEE	6.00 3.00	X						0.	0.	0.
1b Sub-total								1,286,456.	0.	177,833.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,286,456.	0.	177,833.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 8

	Yes	No
3		X
4	X	
5	X	

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1a Federated campaigns . . . . .	1a	179,903.			
b Membership dues . . . . .	1b				
c Fundraising events . . . . .	1c	978,304.			
d Related organizations . . . . .	1d	1,577,568.			
e Government grants (contributions) . . . . .	1e				
f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	5,744,719.			
g Noncash contributions included in lines 1a-1f. . . . .	1g	\$ 295,757.			
<b>h Total. Add lines 1a-1f . . . . . ►</b>		<b>8,480,494.</b>			
<b>Program Service Revenue</b>		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue . . . . .					
<b>g Total. Add lines 2a-2f . . . . . ►</b>		<b>0.</b>			
<b>Other Revenue</b>					
3 Investment income (including dividends, interest, and other similar amounts). . . . . ►		23,523.			23,523.
4 Income from investment of tax-exempt bond proceeds . ►		0.			
5 Royalties . . . . . ►		0.			
6a Gross rents . . . . .	(i) Real				
6a					
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss) . . . . . ►		0.			
7a Gross amount from sales of assets other than inventory	(i) Securities				
7a	222,649.				
b Less: cost or other basis and sales expenses . . .	7b	221,639.			
c Gain or (loss) . . . . .	7c	1,010.			
d Net gain or (loss) . . . . . ►		1,010.			1,010.
8a Gross income from fundraising events (not including \$ 978,304. of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	92,612.			
8a					
b Less: direct expenses . . . . .	8b	92,612.			
c Net income or (loss) from fundraising events . . . . . ►		0.			
9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	0.			
9a					
b Less: direct expenses . . . . .	9b	0.			
c Net income or (loss) from gaming activities . . . . . ►		0.			
10a Gross sales of inventory, less returns and allowances . . . . .	10a	0.			
10a					
b Less: cost of goods sold . . . . .	10b	0.			
c Net income or (loss) from sales of inventory . . . . . ►		0.			
<b>Miscellaneous Revenue</b>		Business Code			
11a MISCELLANEOUS	900099	81,919.	81,919.		
b					
c					
d All other revenue . . . . .					
<b>e Total. Add lines 11a-11d . . . . . ►</b>		<b>81,919.</b>			
<b>12 Total revenue. See instructions . . . . . ►</b>		<b>8,586,946.</b>	<b>81,919.</b>		<b>24,533.</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,101,403.	2,101,403.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	511,465.	511,465.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	573,526.	414,405.	51,789.	107,332.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	2,556,241.	1,847,029.	230,826.	478,386.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	102,599.	74,133.	9,265.	19,201.
9 Other employee benefits . . . . .	472,567.	341,457.	42,672.	88,438.
10 Payroll taxes . . . . .	259,555.	187,543.	23,438.	48,574.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	406.		406.	
c Accounting . . . . .	62,948.		62,948.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17. . . . .	0.			
f Investment management fees . . . . .	1,593.		1,593.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	604,125.	547,648.	30,799.	25,678.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	106,793.	70,539.	17,739.	18,515.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	287,203.	222,338.	18,780.	46,085.
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	43,258.	39,396.	806.	3,056.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	44,167.	34,700.	2,849.	6,618.
23 Insurance . . . . .	48,159.	31,145.	10,940.	6,074.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a PRINTING AND PUBLICATIONS . . . . .	135,180.	90,029.	227.	44,924.
b PRIZES, GIFTS & AWARDS . . . . .	34,246.	15,820.	340.	18,086.
c EQUIPMENT RENTAL . . . . .	17,295.	14,458.		2,837.
d TELEPHONE . . . . .	64,056.	45,101.	3,848.	15,107.
e All other expenses . . . . .	205,410.	40,356.	9,632.	155,422.
25 Total functional expenses. Add lines 1 through 24e . . . . .	8,232,195.	6,628,965.	518,897.	1,084,333.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X . . . . . 

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	0.	1	0.
	2 Savings and temporary cash investments. . . . .	7,443,343.	2	8,527,019.
	3 Pledges and grants receivable, net . . . . .	1,187,716.	3	1,130,598.
	4 Accounts receivable, net. . . . .	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0.	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0.	0.
	7 Notes and loans receivable, net . . . . .		0.	0.
	8 Inventories for sale or use . . . . .		0.	0.
	9 Prepaid expenses and deferred charges . . . . .	159,116.	9	151,279.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 415,470.		
Liabilities	b Less: accumulated depreciation . . . . .	10b 385,524.	47,177.	10c 29,946.
	11 Investments - publicly traded securities . . . . .	2,069,844.	11	2,310,097.
	12 Investments - other securities. See Part IV, line 11 . . . . .	0.	12	0.
	13 Investments - program-related. See Part IV, line 11 . . . . .	0.	13	0.
	14 Intangible assets . . . . .	0.	14	0.
	15 Other assets. See Part IV, line 11 . . . . .	61,469.	15	39,529.
	16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . .	10,968,665.	16	12,188,468.
	17 Accounts payable and accrued expenses . . . . .	366,588.	17	489,890.
	18 Grants payable . . . . .	1,088,162.	18	1,283,055.
	19 Deferred revenue . . . . .	34,167.	19	0.
Net Assets or Fund Balances	20 Tax-exempt bond liabilities . . . . .	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0.	0.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24	634,692.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	127,529.	25	118,455.
	26 Total liabilities. Add lines 17 through 25 . . . . .	1,616,446.	26	2,526,092.
	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions . . . . .	3,953,703.	27	5,361,276.
	28 Net assets with donor restrictions . . . . .	5,398,516.	28	4,301,100.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds . . . . .		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		30	
	31 Retained earnings, endowment, accumulated income, or other funds . . . . .		31	
	32 Total net assets or fund balances . . . . .	9,352,219.	32	9,662,376.
	33 Total liabilities and net assets/fund balances . . . . .	10,968,665.	33	12,188,468.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI . . . . . 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	8,586,946.
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,232,195.
3 Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	354,751.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	9,352,219.
5 Net unrealized gains (losses) on investments . . . . .	5	-1,094.
6 Donated services and use of facilities . . . . .	6	0.
7 Investment expenses . . . . .	7	0.
8 Prior period adjustments . . . . .	8	0.
9 Other changes in net assets or fund balances (explain on Schedule O) . . . . .	9	-43,500.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10	9,662,376.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. . . . . 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	3b	

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  
 10  An organization that normally receives (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
 f Enter the number of supported organizations . . . . .   
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	8,562,031.	10,235,578.	10,105,837.	10,888,668.	8,480,494.	48,272,608.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 <b>Total.</b> Add lines 1 through 3 . . . . .	8,562,031.	10,235,578.	10,105,837.	10,888,668.	8,480,494.	48,272,608.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						4,529,532.
6 <b>Public support.</b> Subtract line 5 from line 4						43,743,076.

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
7 Amounts from line 4 . . . . .	8,562,031.	10,235,578.	10,105,837.	10,888,668.	8,480,494.	48,272,608.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	11,983.	11,333.	32,605.	27,014.	23,523.	106,458.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) • ATCH. 1 . . . . .	5,021.	23,362.	26,892.	101,289.	81,919.	238,483.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						48,617,549.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	89.97 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	15	92.92 %
16a <b>33 1/3 % support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		► <input checked="" type="checkbox"/>
b <b>33 1/3 % support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		► <input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests - 2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - A family member of a person described in line 11a above?
  - A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete **line 2** below.
  - The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

	Yes	No
2a		

- 2** Activities Test. **Answer lines 2a and 2b below.**
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
  - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b> <input type="checkbox"/>	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 . . . . .			
b From 2016 . . . . .			
c From 2017 . . . . .			
d From 2018 . . . . .			
e From 2019 . . . . .			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . . . .			
b Excess from 2017 . . . . .			
c Excess from 2018 . . . . .			
d Excess from 2019 . . . . .			
e Excess from 2020 . . . . .			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**ATTACHMENT 1****SCHEDULE A, PART II - OTHER INCOME**

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLAENOUS	5,021.	23,362.	26,892.	101,289.	81,919.	238,483.
<b>TOTALS</b>	<b><u>5,021.</u></b>	<b><u>23,362.</u></b>	<b><u>26,892.</u></b>	<b><u>101,289.</u></b>	<b><u>81,919.</u></b>	<b><u>238,483.</u></b>

## Schedule of Contributors

OMB No. 1545-0047

**2020**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.	Employer identification number  13-3349872
---	--

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
- 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,577,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 792,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 485,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 377,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 223,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 191,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 189,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

**Employer identification number**

13-3349872

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I				(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
				<b>(e) Transfer of gift</b>		
				<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	
(a) No. from Part I				(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
				<b>(e) Transfer of gift</b>		
				<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	
(a) No. from Part I				(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
				<b>(e) Transfer of gift</b>		
				<b>Transferee's name, address, and ZIP + 4</b>	<b>Relationship of transferor to transferee</b>	

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	
b Total acreage restricted by conservation easements .....	
c Number of conservation easements on a certified historic structure included in (a) .....	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
(ii) Assets included in Form 990, Part X .....	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
b Assets included in Form 990, Part X .....	► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	268,961.	268,506.	267,431.	264,877.	281,881.
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .	-95.	455.	1,075.	2,554.	-17,004.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	268,866.	268,961.	268,506.	267,431.	264,877.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_ %

b Permanent endowment ► 92.9800 %

c Term endowment ► 7.0200 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
3a(i)	X
3a(ii)	X
3b	

(i) Unrelated organizations . . . . .  
(ii) Related organizations . . . . .

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		65,856.	59,951.	5,905.
d Equipment . . . . .		332,529.	308,488.	24,041.
e Other . . . . .		17,085.	17,085.	

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ► 29,946.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) DEFERRED RENT		114,721.
(3) OBLIGATION UNDER CAPITAL LEASE		3,734.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 118,455.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  X

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	8,970,625.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	-1,094.
b	Donated services and use of facilities . . . . .	2b	31,708.
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	1,932,226.
e	Add lines 2a through 2d . . . . .	2e	1,962,840.
3	Subtract line 2e from line 1 . . . . .	3	7,007,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,593.
b	Other (Describe in Part XIII.) . . . . .	4b	1,577,568.
c	Add lines 4a and 4b . . . . .	4c	1,579,161.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	8,586,946.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	8,781,587.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	31,708.
b	Prior year adjustments . . . . .	2b	
c	Other losses. . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	2,096,845.
e	Add lines 2a through 2d . . . . .	2e	2,128,553.
3	Subtract line 2e from line 1 . . . . .	3	6,653,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,593.
b	Other (Describe in Part XIII.) . . . . .	4b	1,577,568.
c	Add lines 4a and 4b . . . . .	4c	1,579,161.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	8,232,195.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART V, LINE 4:

ENDOWMENT:

THE SOCIETY'S ENDOWMENT CONSISTS OF ONE DONOR-RESTRICTED FUND,  
ESTABLISHED BY THE DONOR FOR THE PURPOSE OF FUNDING MEDICAL RESEARCH IN  
THE FIELD OF HUNTINGTON'S DISEASE.

SCHEDULE D, PART X, LINE 2:

THE SOCIETY FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS  
BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740,  
INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY  
IN INCOME TAXES. BECAUSE OF THE SOCIETY'S GENERAL TAX-EXEMPT STATUS,  
MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO  
HAVE, A MATERIAL IMPACT ON THE SOCIETY'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D & 4B:

LINE 2D: TOTAL REVENUE FROM HDSA CHAPTERS OF (\$1,932,226)

LINE 4B: TOTAL PAYMENTS FROM HDSA CHAPTERS OF \$1,577,568

SCHEDULE D, PART XII, LINE 2D:

TOTAL EXPENSES FROM HDSA CHAPTERS (\$2,053,345)

LOSS ON UNCOLLECTIBLE ACCOUNTS (\$43,500)

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(\$2,096,845)

SCHEDULE D, PART XII, LINE 4B:

TOTAL PAYMENTS FROM HDSA CHAPTERS OF \$1,577,568

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		150,000.
(2) NORTH AMERICA	0.	0.	GRANTMAKING		150,000.
(3) EUROPE	0.	0.	GRANTMAKING		211,465.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal . . . . .					511,465.
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					511,465.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

JSA

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**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	MEDICAL RESE	150,000.					
(2)		EUROPE/ ICELAND/ GREENLAND	MEDICAL RESE	75,000.					
(3)		EUROPE/ ICELAND/ GREENLAND	MEDICAL RESE	73,000.					
(4)		EAST ASIA/ PACIFIC	MEDICAL RESE	150,000.					
(5)		EUROPE/ ICELAND/ GREENLAND	MEDICAL RESE	63,465.					
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ► 5.

3 Enter total number of other organizations or entities . . . . . ►

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"  
*the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," *the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"  
*the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a  
qualified electing fund during the tax year? If "Yes," *the organization may be required to file Form 8621,  
Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"  
*the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If  
"Yes," *the organization may be required to separately file Form 5713, International Boycott Report (see  
Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

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Schedule F (Form 990) 2020

**Part V****Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 1:

MAINTAINING RECORDS FOREIGN ACTIVITIES:

THE SOCIETY REQUESTS SEMI-ANNUAL FINANCIAL REPORTS FROM GRANTEES'

OFFICES.

SCHEDULE F, PART I, LINE 3, COLUMN (F):

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                            |                                  |                            |                                       |
|----------------------------|----------------------------------|----------------------------|---------------------------------------|
| a <input type="checkbox"/> | Mail solicitations               | e <input type="checkbox"/> | Solicitation of non-government grants |
| b <input type="checkbox"/> | Internet and email solicitations | f <input type="checkbox"/> | Solicitation of government grants     |
| c <input type="checkbox"/> | Phone solicitations              | g <input type="checkbox"/> | Special fundraising events            |
| d <input type="checkbox"/> | In-person solicitations          |                            |                                       |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

..... ►

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.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 WALKS (event type)	(b) Event #2 GALA (event type)	(c) Other events 16. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	503,222.	180,368.	387,326.
	2 Less: Contributions .....	469,774.	166,681.	341,849.
	3 Gross income (line 1 minus line 2) .....	33,448.	13,687.	45,477.
	4 Cash prizes .....			92,612.
Direct Expenses	5 Noncash prizes .....	24,406.	2,240.	1,082.
	6 Rent/facility costs .....	1,718.	1,050.	21,416.
	7 Food and beverages .....		10,310.	7,880.
	8 Entertainment .....			18,190.
	9 Other direct expenses .....	7,323.	87.	15,100.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....			92,612.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....			►

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....			
Direct Expenses	2 Cash prizes .....			
	3 Noncash prizes .....			
	4 Rent/facility costs .....			
	5 Other direct expenses .....			
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....			►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....			►

9 Enter the state(s) in which the organization conducts gaming activities:

- a Is the organization licensed to conduct gaming activities in each of these states? .....
- b If "No," explain: \_\_\_\_\_

- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....
- b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? .....
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....
- 13 Indicate the percentage of gaming activity conducted in:
- |     |   |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility .....
- b An outside facility .....
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE, MAIL CODE 70	14-1338310	501(C)(3)	34,200.				COMMUNITY SERVICES
(2) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE RESEARCH FINANCE OFFIC	04-2103881	501(C)(3)	150,000.				MEDICAL RESEARCH
(3) BETH ISRAEL DEACONESS MEDICAL CENTER 109 BROOKLINE AVENUE, RM 215	04-2103881	501(C)(3)	35,950.				COMMUNITY SERVICES
(4) CLEVELAND CLINIC FOUNDATION 9500 ECULID AVE, S-31 CLEVELAND, OH 44195	34-0714585	501(C)(3)	24,000.				COMMUNITY SERVICES
(5) COLUMBIA UNIVERSITY MEDICAL CENTER 54 HAVEN AVE. 2ND FLOOR NEW YORK, NY 10032	80-0496512	OTHER	75,000.				MEDICAL RESEARCH
(6) DUKE MOVEMENT DISORDERS CENTER 932 MOREENE ROAD DURHAM, NC 27705	56-0532129	501(C)(3)	26,290.				COMMUNITY SERVICES
(7) EMORY UNIVERSITY 1599 CLIFTON RD, 4TH FL, MAILSTOP 1599-001B	58-0566256	OTHER	24,750.				COMMUNITY SERVICES
(8) ERLANGER HEALTH SYSTEM 979 E THIRD STREET, SUITE C830	62-6000101	501(C)(3)	14,500.				COMMUNITY SERVICES
(9) FREDERICK BRINTER CENTER FOR PARKINSON'S DI 1 SOUTH PROSPECT STREET ARNOLD 2	03-0219309	501(C)(3)	18,843.				COMMUNITY SERVICES
(10) GEORGETOWN UNIVERSITY HD CERC 2115 WISCONSIN AVENUE, NW, SUITE 200	53-0196603	501(C)(3)	26,500.				COMMUNITY SERVICES
(11) HENNEPIN HEALTHCARE RESEARCH INSTITUTE 825 8TH STREET SOUTH MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	34,975.				COMMUNITY SERVICES
(12) HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD., CFP-463	38-1357020	501(C)(3)	9,000.				COMMUNITY SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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► Attach to Form 990.

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Name of the organization

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Employer identification number

13-3349872

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1) JOHN HOPKINS UNIVERSITY</b> 600 N. WOLFE STREET, CMSC 8-121	52-0595110	501(C)(3)	34,550.				COMMUNITY SERVICES
<b>(2) MARY HITCHCOCK MEMORIAL HOSPITAL</b> ONE MEDICAL CENTER DRIVE	02-0222140	501(C)(3)	9,500.				COMMUNITY SERVICES
<b>(3) MASSACHUSETT GENERAL HOSPITAL</b> 149 13TH STREET, RM 10126	04-2697983	501(C)(3)	26,500.				COMMUNITY SERVICES
<b>(4) MASSACHUSETTS GENERAL HOSPITAL</b> BANK OF AMERICA N.A. PO BOX 414876	04-3167352	501(C)(3)	75,000.				MEDICAL RESEARCH
<b>(5) MOVEMENT DISORDERS FOUNDATION</b> P.O. BOX 886 ENGLEWOOD, CO 80151	27-1618835	501(C)(3)	35,950.				COMMUNITY SERVICES
<b>(6) NORTHWESTERN UNIVERSITY</b> 710 N. LAKE SHORE DRIVE, #1124	36-2167817	501(C)(3)	34,200.				COMMUNITY SERVICES
<b>(7) NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF</b> 633 CLARK ROOM G547 EVANSTON, IL 60208	36-2167817	501(C)(3)	55,672.				MEDICAL RESEARCH
<b>(8) OCHSNER HEALTH SYSTEM</b> 1515 JEFFERSON HWY. 7TH FL CLINIC TOWER	72-0502505	501(C)(3)	16,820.				COMMUNITY SERVICES
<b>(9) OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER</b> 395 W. 12TH AVENUE, 7TH FLOOR	31-1145986	501(C)(3)	48,500.				COMMUNITY SERVICES
<b>(10) OREGON HEALTH AND SCIENCE UNIVERSITY</b> 3181 SW JAM JACKSON PARK RD, OP 32	93-1176109	GOVT	9,268.				COMMUNITY SERVICES
<b>(11) OSF HEALTHCARE ILLINOIS NEUROLOGICAL INSTIT</b> OSF GRANTS, P.O. BOX 775655	38-3852646	501(C)(3)	6,875.				COMMUNITY SERVICES
<b>(12) REGENTS OF THE UNIVERSITY OF CALIFORNIA, DA</b> 4860 Y STREET, SUITE 3700	94-6036494	501(C)(3)	71,100.				COMMUNITY SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROWAN UNIVERSITY 201 MULLICA HILL ROAD	22-2764819	OTHER	15,000.				COMMUNITY SERVICES
(2) RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, SUITE 300	36-2174823	501(C)(3)	42,275.				COMMUNITY SERVICES
(3) SANFORD HEALTH 2301 E 60TH STREET N, ROUTE 5031	45-0226909	501(C)(3)	18,861.				COMMUNITY SERVICES
(4) STANFORD UNIVERSITY 485 BROADWAY, 4TH FLOOR	94-6174066	OTHER	15,538.				COMMUNITY SERVICES
(5) THE RECTOR & VISITORS OF THE UNIVERSITY OF 101 HOSPITAL DR, DAVIS 5 RM 5293, PO BOX 800	54-6001796	501(C)(3)	42,584.				COMMUNITY SERVICES
(6) THE REGENT OF THE UNIVERSITY OF CALIFORNIA- POB 748872 LOS ANGELES, CA 90074	94-6036493	501(C)(3)	25,000.				COMMUNITY SERVICES
(7) THE RESEARCH FOUNDATION FOR THE STATE UNIVE STONY BROOK UNIVERSITY, W5510 MELVILLE LIBR	14-1368361	501(C)(3)	9,000.				COMMUNITY SERVICES
(8) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE 622 WEST 168TH STREET PH-19 ROOM 316	13-5598093	501(C)(3)	44,788.				COMMUNITY SERVICES
(9) TRUSTEES OF INDIANA UNIVERSITY 980 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6001673	GOVT	26,579.				COMMUNITY SERVICES
(10) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	36,000.				COMMUNITY SERVICES
(11) UC REGENTS BOX 957089, 1125 MURPHY HALL	95-6006143	501(C)(3)	45,674.				COMMUNITY SERVICES
(12) UNIVERSITY NEUROLOGY, INC. 77 GOODELL STREET, SUITE 310	16-1359213	501(C)(3)	12,750.				COMMUNITY SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ►

3 Enter total number of other organizations listed in the line 1 table . . . . . ►

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020****Open to Public  
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Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ALABAMA BIRMINGHAM 1720 7TH AVENUE, S. SC 460A1	63-0649108	501(C)(3)	46,007.				COMMUNITY SERVICES
(2) UNIVERSITY OF CALIFORNIA, MOVEMENT DISORDER 150 MEDICAL SURGE 1 IRVINE, CA 92697	95-2226406	GOVT	16,500.				COMMUNITY SERVICES
(3) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE (MC0041)	95-6006144	501(C)(3)	48,500.				COMMUNITY SERVICES
(4) UNIVERSITY OF COLORADO, ANSCHUTZ MEDICAL CA P.O. BOX 910238 DENVER, CO 80291-0238	84-6000555	501(C)(3)	26,500.				COMMUNITY SERVICES
(5) UNIVERSITY OF FLORIDA 33 TIGERT HALL, P.O. BOX 113001	59-6002052	OTHER	24,000.				COMMUNITY SERVICES
(6) UNIVERSITY OF IOWA, DEPARTMENT OF NEUROLOGY 200 HAWKINS DR, 8820-12JPP	42-6004813	GOVT	34,200.				COMMUNITY SERVICES
(7) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD, MS30	48-1108830	501(C)(3)	9,000.				COMMUNITY SERVICES
(8) UNIVERSITY OF LOUISVILLE 500 SOUTH PRESTON STREET, SUITE 113	61-1014882	501(C)(3)	14,750.				COMMUNITY SERVICES
(9) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE, NORTH	04-3167352	OTHER	240,000.				MEDICAL RESEARCH
(10) UNIVERSITY OF MIAMI OFFICE OF RESEARCH ADMINISTRATION, P.O. BOX	59-0624458	501(C)(3)	11,500.				COMMUNITY SERVICES
(11) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N. STATE STREET JACKSON, MS 39216-4505	64-6008520	GOVT	8,425.				COMMUNITY SERVICES
(12) UNIVERSITY OF NEBRASKA MEDICAL CENTER 988440 NEBRASKA MEDICAL CENTER	47-0049123	501(C)(3)	17,926.				COMMUNITY SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020****Open to Public  
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Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PITTSBURGH PHYSICIANS 3600 FORBES AVENUE, 9TH FLOOR, CUBICAL 9	23-2919472	OTHER	34,200.				COMMUNITY SERVICES
(2) UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVENUE, BOX 673	16-0743209	OTHER	43,500.				COMMUNITY SERVICES
(3) UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDI 1 MEDICAL PARK RD, SUITE 230	57-6001153	GOVT	15,500.				COMMUNITY SERVICES
(4) UNIVERSITY OF SOUTH FLORIDA 13220 USF LAUREL DRIVE, ROOM 4105	59-0879015	501(C)(3)	30,000.				COMMUNITY SERVICES
(5) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER DEPARTMENT OF NEUROLOGY, P.O. BOX 301418	74-1761309	OTHER	35,950.				COMMUNITY SERVICES
(6) UNIVERSITY OF UTAH 650 KOMAS DRIVE, #106A	87-6000525	501(C)(3)	26,500.				COMMUNITY SERVICES
(7) UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET SEATTLE, WA 98195	91-6001537	GOVT	60,342.				COMMUNITY SERVICES
(8) UNIVERSITY OF WISCONSIN - MADISON 21 N. PARK STREET, STE. 6401	39-6006492	501(C)(3)	14,450.				COMMUNITY SERVICES
(9) UT MEDICAL CENTER 1924 ALCOA HIGHWAY BOX U52	31-1626179	501(C)(3)	14,500.				COMMUNITY SERVICES
(10) VANDERBILT UNIVERSITY MEDICAL CENTER MEDICAL CENTER NORTH A-0118	35-2528741	501(C)(3)	42,269.				COMMUNITY SERVICES
(11) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH ST., SUITE 3100, POB 843039	54-6001758	GOVT	19,000.				COMMUNITY SERVICES
(12) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, CMPUS BOX 1034	43-0653611	501(C)(3)	37,875.				COMMUNITY SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 43 .
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ► 17 .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 1:

MAINTAINING RECORDS FOR GRANT ACTIVITIES:

THE ORGANIZATION REQUESTS SEMI-ANNUAL FINANCIAL REPORTS FROM RECIPIENTS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

## **Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as maid, chauffeur, chef)

Yes	No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUISE VETTER CHIEF EXECUTIVE OFFICER	(i) 274,376.	0.	0.	14,250.	42,017.	330,643.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 GEORGE YOHRLING SR. DIR. MISSION & SCI AFFAIRS	(i) 233,994.	0.	0.	11,750.	1,367.	247,111.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 NANCY RHODES DIRECTOR OF FIELD DEV & OPER.	(i) 151,999.	0.	0.	1,879.	2,200.	156,078.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 DEBRA LOVECKY DIR OF PROGRAM SERV & ADVOCACY	(i) 151,476.	0.	0.	7,800.	15,718.	174,994.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 CHRISTOPHER COSENTINO DIRECTOR OF MARKETING & COMM.	(i) 126,438.	0.	0.	6,807.	42,065.	175,310.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 ROSEMARY COLUCCIO CHIEF OPERATING OFFICER	(i) 220,662.	0.	0.	8,913.	13,307.	242,882.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART 1:

COMPENSATION DETERMINATION:

COMPENSATION IS DETERMINED BY A COMBINATION OF A REVIEW AND APPROVAL BY

INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS

SUBSTANTIATION OF THE DELIBERATION AND DECISION BY THE BOARD.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No. 1545-0047

**2020**  
**Open to Public**  
**Inspection**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X		0.	SEE SUPP INFO
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	22.	222,699.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( DONATED GOODS )	X	309.	73,058.	FMV
26 Other ►( _____ )				
27 Other ►( _____ )				
28 Other ►( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .

29

Yes	No
-----	----

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a	X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

31	X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a	X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

JSA

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305881 NAT'L RTRN

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## SCHEDULE M, LINE 32A:

THE SOCIETY IS THE RECIPIENT OF PROCEEDS FROM THE SALES OF VEHICLES AND  
SECURITIES DONATIONS THROUGH UNRELATED INTERMEDIARY ORGANIZATIONS.

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**PART III - PROGRAM SERVICES 4D:**

EDUCATION PROVIDES INFORMATION AND EDUCATION THROUGH PUBLICATION AND

DISTRIBUTION OF NEWSLETTERS, BROCHURES AND SCIENCE UPDATES.

FORM 990, PAGE 1, PART I, QUESTION 5, AND PAGE 5, PART V, QUESTION 2A:

**PAYROLL:**THE SOCIETY CURRENTLY EMPLOYS 36 INDIVIDUALS. PAYROLL AND BENEFITS ARE  
PROCESSED THROUGH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) WHICH FILES  
THE FORM W-3 ON THE SOCIETY'S BEHALF UNDER THE PEO'S FEDERAL EIN#.

THEREFORE THE SOCIETY DOES NOT FILE A FORM W-3.

FORM 990, PART VI, SECTION B, LINE 11B:

**REVIEW OF FORM 990:**MANAGEMENT THOROUGHLY REVIEWS AND SUBSEQUENTLY PROVIDES AN ELECTRONIC  
DRAFT COPY OF FORM 990 TO THE GOVERNING BODY FOR REVIEW BEFORE FILING  
WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

**CONFLICT OF INTEREST POLICY:**

OFFICERS AND TRUSTEES ARE REQUESTED TO ANNUALLY SIGN DOCUMENTATION.

FORM 990, PART VI, SECTION B, LINE 15A AND 15B:

**OFFICER COMPENSATION:**

COMPENSATION IS DETERMINED BY A COMBINATION OF A REVIEW AND APPROVAL BY

Name of the organization HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.	Employer identification number 13-3349872
---	--

INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS  
SUBSTANTIATION OF THE DELIBERATION AND DECISION OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS:

THE SOCIETY MAKES ITS BY-LAWS, ARTICLES OF INCORPORATION, IRS FORM 1023,  
ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS, IRS FORM 990 DOCUMENTS,  
CONFLICT OF INTEREST POLICY AND PRIVACY POLICY AVAILABLE TO THE PUBLIC  
UPON REQUEST.

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

INCLUDES LOSS OF UNCOLLECTIBLE ACCOUNTS (\$43,500)

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EDUCATION		757,658.	
TOTALS		757,658.	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,  
FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,  
MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Name of the organization <b>HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.</b>	<b>Employer identification number 13-3349872</b>
<b>ATTACHMENT 3</b>	

**990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS**

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
J&R GRAPHICS 56 ELIZABETH AVE ELMWOOD PARK, NJ 07407	GRAPHIC DESIGN	126,721.
LIBSHAP REALTY CORP 125 PARK AVE 11TH FLR NEW YORK, NY 10017	REALTY	300,283.
THORN RUN PARTNERS, LLC 100 M ST SE WASHINGTON D.C., DC 20003	ADVOCACY	110,000.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Employer identification number

13-3349872

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes	No
(1)	HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVENUE, SUITE 902	90-0658125 NEW YORK, NY 10018	PROGRAM SRVC	NY	501(C)(3)	7	HDSA NAT'L	X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

**Part III**

**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	Yes No	
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b Gift, grant, or capital contribution to related organization(s) .....
- c Gift, grant, or capital contribution from related organization(s) .....
- d Loans or loan guarantees to or for related organization(s) .....
- e Loans or loan guarantees by related organization(s) .....
  
- f Dividends from related organization(s) .....
- g Sale of assets to related organization(s) .....
- h Purchase of assets from related organization(s) .....
- i Exchange of assets with related organization(s) .....
- j Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k Lease of facilities, equipment, or other assets from related organization(s) .....
- l Performance of services or membership or fundraising solicitations for related organization(s) .....
- m Performance of services or membership or fundraising solicitations by related organization(s) .....
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o Sharing of paid employees with related organization(s) .....
  
- p Reimbursement paid to related organization(s) for expenses .....
- q Reimbursement paid by related organization(s) for expenses .....
  
- r Other transfer of cash or property to related organization(s) .....
- s Other transfer of cash or property from related organization(s) .....

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.